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Bib Data Sheet

CONFIRMATION NO. 6579

SERIAL NUMBER 09/660,466	FILING OR 371(c) DATE 09/12/2000 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. FMT1P029
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APPLICANTS

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** CONTINUING DATA *****

YES A.R.

This application is a CIP of 09/305,143 05/04/1999 PAT 6,325,796

** FOREIGN APPLICATIONS *****

NONE A.R.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 11/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 99	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: A.R.				

ADDRESS

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TITLE

Surgical microwave ablation assembly

FILING FEE RECEIVED 1251	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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